

The Decline of General Practice

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A COLLEAGUE published an article in *Harper's Magazine* in 1960 entitled, "Do You Really Want a Family Doctor?" (1). He anticipated a sharp reaction to the alarming statistics dealing with the decline of family doctors but, surprisingly, there was none. Since it is clear that the public is interested in personal or family care, this lack of response may have been due to resignation or possibly to ignorance of what could be done. The Millis Commission has now presented a sensible and authoritative proposal to train "primary" physicians to give "continuing and comprehensive care of high quality" (2)—a position supported by the American Medical Association's ad hoc committee on education for family practice (3). Our study presents some trends which demonstrate the need for urgent attention to the decreasing supply of general practitioners.

Physicians Giving Primary Care

Most general practitioners, it is generally agreed, function as primary physicians whether or not they combine general practice with a specialty. Most internists and pediatricians also

provide "continuing and comprehensive care"—the hallmark of primary physicians. Surgeons, too, reportedly often do general practice, including primary care, and other specialists may also engage in general practice. In determining trends in the amount of personal care being given, ideally we should quantify the amount given by all physicians, but this procedure is scarcely feasible. We shall instead consider the physicians (general practitioners, internists, and pediatricians) who are mainly engaged in giving primary care.

The Millis Commission and others have expressed reservations about the validity of statistics on physicians' practices. At least three kinds of problems are involved—the validity of the physicians' self-classifications, the former practice of classifying trainees as general practitioners, and the different numerators and denominators used for calculating ratios. Our experience indicates that the physicians' self-classifications are reliable except when trainees have been counted as nonspecialists and hence categorized as general practitioners. This source of error was present in 1960 and earlier years. Our calculations are based exclusively upon the civilian populations and physicians of the 50 States. Although past enumerations and classifications of physicians may have suffered from inaccuracies, it is unlikely that these errors could account for the marked trends which our data show. In addition, the consistency of recent statistics suggests that data collection and classification have improved.

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Decline in General Practice

The table shows that the ratio of private practitioners per 100,000 population has varied little since 1960. The actual number of private practitioners has increased, but just about enough to match population growth. The detailed breakdown of physicians in the table shows that the actual number of general practitioners dropped from 74,764 to 61,353 between 1961 and 1967 and that the ratio declined from 40.8 to 31.0 per 100,000 during the same period. To put it another way, in 1961 there was one general practitioner for every 2,448 persons and in 1967, one for every 3,200.

The rapid decline of general practice has not been matched by a corresponding shift of physicians into other fields identified with primary care (internal medicine and pediatrics). The ratio per 100,000 population of all physicians who offer mainly primary care is declining, as

figure 1 emphasizes, even though the ratios for internists and pediatricians are slowly increasing (see table and fig. 2). Within the "all other" group, in which the ratio of physicians to the population is expanding, obstetrics, surgery (of nearly all types), psychiatry, and radiology can be characterized as the more rapidly growing specialties. The combined ratio of the general practitioners, internists, and pediatricians, the groups giving most of the primary care, diminished from 56.3 to 48.9 per 100,000 between 1961 and 1967. There was one primary physician for every 1,773 persons in 1961, but in 1967, only one for every 2,018.

Future Supply of Primary Physicians

To project future changes in the supply of primary physicians is to venture upon uncertain ground. Two straight-line projections are

Selected categories of U.S. physicians, 1961-67

Group	1961	1962	1963	1964	1965	1966	1967
U.S. population:							
Estimate (thousands).....	183, 057	185, 890	188, 658	191, 372	193, 795	195, 530	197, 723
Month of estimate.....	July	July	July	July	July	May	June
U.S. physicians:							
Total number in practice ¹	223, 123	224, 742	250, 178	263, 896	266, 371	274, 194	276, 200
Month of enumeration.....	Fall	October	May	June	June	June	June
Physicians in private practice:							
Number ²	166, 803	169, 565	170, 124	173, 864	176, 155	178, 469	177, 874
Rate per 100,000.....	91. 1	91. 2	90. 2	90. 9	90. 9	91. 3	90. 0
<i>General practitioners</i>							
Number ²	74, 764	69, 804	68, 896	66, 958	65, 361	64, 035	61, 353
Rate per 100,000.....	40. 8	37. 6	36. 5	35. 0	33. 9	32. 7	31. 0
<i>Internists</i>							
Number ³	20, 574	21, 937	22, 274	23, 452	24, 138	24, 651	25, 688
Rate per 100,000.....	11. 2	11. 8	11. 8	12. 2	12. 4	12. 6	13. 0
<i>Pediatricians</i>							
Number ⁴	7, 900	8, 732	8, 787	9, 137	9, 348	9, 599	9, 645
Rate per 100,000.....	4. 3	4. 6	4. 7	4. 8	4. 8	4. 9	4. 9
<i>Other physicians</i>							
Number in private practice.....	63, 565	69, 092	70, 167	74, 317	77, 308	80, 184	81, 188

¹ Information on physicians from American Medical Association franchised company, Fisher-Stevens, Inc., Clifton, N.J.

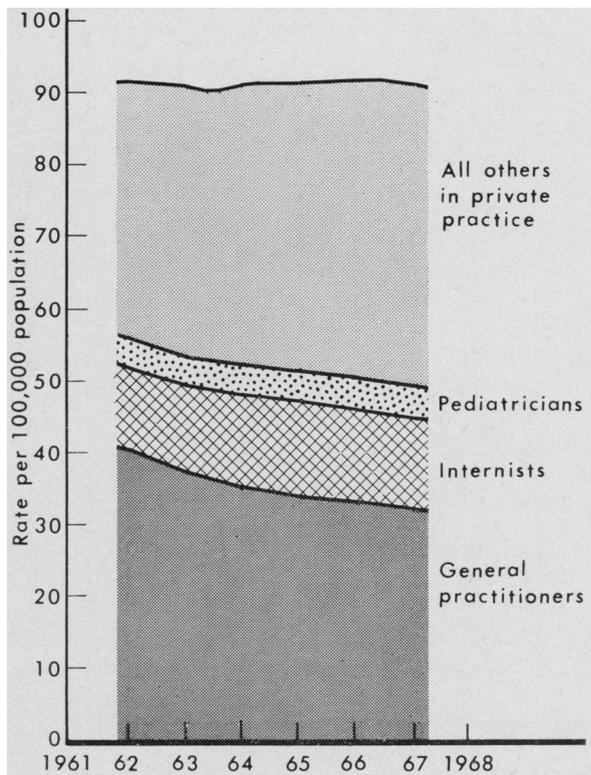
² Includes all physicians in private practice who, according to their self-classifications, had general practice as their only primary (full-time) specialty or

had it as a primary specialty along with a secondary field.

³ Includes subspecialties of internal medicine— allergy, cardiovascular disease, gastroenterology, neurology, and pulmonary disease.

⁴ Includes pediatric allergy and pediatric cardiology.

Figure 1. Number of physicians in the United States in private practice per 100,000 population, by type of practice, 1961-67



shown for general practitioners (fig. 3), one based on recent numbers and the other on recent general practitioner-to-population ratios. If the recent trends continue, by the end of this century general practitioners will be reduced to negligible numbers whichever projection is used. As general practitioners become fewer, the trend shown may accelerate—a possibility suggested by the shape of both curves between 1930 and 1960. Possibly, also, some physicians will always choose to become general practitioners, and the appropriate projection might show an increasingly slow rate of decline with time.

The ratio of pediatricians to population is increasing very slowly, while the ratio for internists is increasing at a moderate rate (fig. 2). If the growth rates of these two groups are combined and projected by fitting a straight line, as was done for general practitioners, we can estimate that at the end of the century—when the general practitioners may well have disap-

peared—there will be slightly more than 30 primary physicians per 100,000 population, or about one per 3,300 persons. This projection is based upon all pediatricians and internists, many of whom are cardiologists or allergists or are engaged in other forms of specialized practice. The statistics we have presented and the projections based upon them represent, therefore, the most optimistic interpretation possible.

The Millis Commission concluded with respect to continuing and comprehensive care that “. . . there are not enough men and there is not enough of the service they offer” (2). Whatever changes in the projected trend may occur, they are not likely to invalidate the commission’s conclusion.

Need for Primary Physicians

That common diseases are common is often forgotten. Fortunately, whether trivial, severe, or chronic, the common diseases have been the province of the physicians who have given primary care. Clearly, we need more primary physicians than physicians of any other type. Only about one-third of all physicians and slightly more than half of those in private practice are now in fields associated with primary care, compared with almost 100 percent at the beginning of this century. If present trends con-

Figure 2. Number of internists and pediatricians in the United States in private practice per 100,000 population, 1961-67

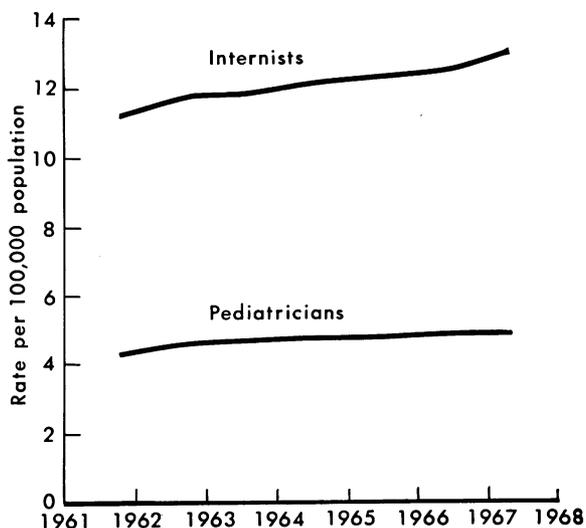
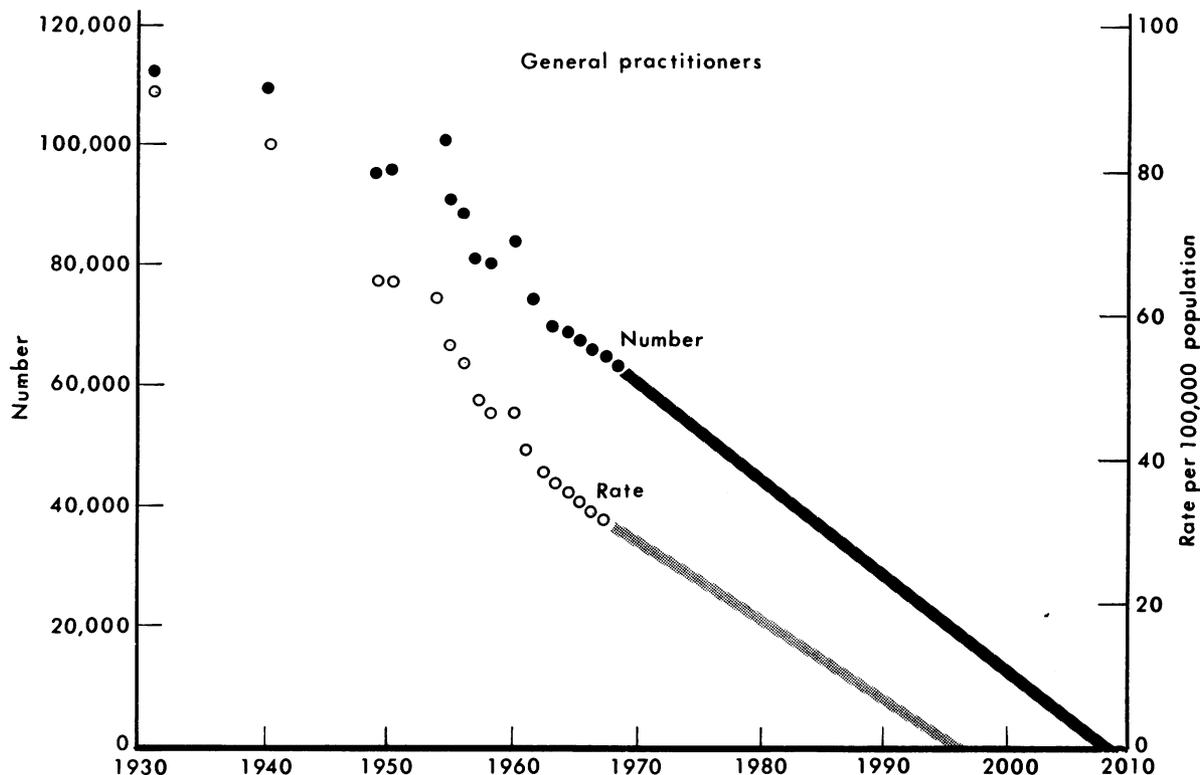


Figure 3. Recent changes in numbers and ratio of general practitioners per 100,000 population, with future projections



tinue, patients with commonplace diseases will be hard put to obtain attention because there will be too few primary physicians. If surgeons and other specialists give some primary care, poor use is being made of their highly specialized training. Moreover, surgical or other highly specialized training may not be the best preparation for giving such care. The unfortunate fact is that narrowly trained specialists may, in the future, have to provide much primary care because there will be too few appropriately trained physicians.

REFERENCES

- (1) Rutstein, D. D.: Do you really want a family doctor? *Harper's Magazine* 221: 144-150, October 1960.
- (2) The Citizens Commission on Graduate Medical Education (John S. Millis, Chairman): *The graduate education of physicians*. Council on Medical Education, American Medical Association, Chicago, 1966.
- (3) Ad Hoc Committee on Education for Family Practice: *Meeting the challenge of family practice*. Council on Medical Education, American Medical Association, Chicago, 1966.